SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM POLICY MANUAL Chapter 7 Family Definition and Determining Income Eligibility Attachment 1

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

This form is to record income and expenses for self-employment income and must be supported with receipts. It is to be used only when other business or tax records are unavailable. This information is confidential and will be used only to determine your eligibility for child care assistance. It cannot be released without your written consent. However, the local purchasing agency may contact sources listed on this form to verify the information.

Part I is a record of income from your business. Part II is a record of your business expenses. Complete this form as income is received and as expenses are paid.					
I,		, am providing	this written statement of my income and		
expenses to	from my	business for the period beg			
	a	nd ending	on.		
	************* · INCOME	******	*************		
<u>Date</u>	Amount	Source (Includ	le name and address of customer)		
		,			

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Attachment 1

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

CONTINUATION SHEET PART I – INCOME

<u>Date</u>	Amount	Source (Include name and address of customer)
	() 10	4/D · · · 41 T · · · 1)
	(Applican	t/Recipient's Initials)
	(Date)	

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Attachment 1

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

CONTINUATION SHEET PART II – EXPENSES (Receipts should be attached)

Date	Amount	Type of Expense/Source
		
		
	(Applicar	nt/Recipient's Initials)
	(Date)	

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VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

		Signature of Recipient/Applicant
		above information on my business income and expenses to curate for the period given.
Date	Amount	Type of Expense/Source
_		PART II – EXPENSES
*****	******	****************